

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
			2015.12.16. 50094

I. TYPE OF NOTIFICATION (O = Original / R = Revised):

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER:
Cornell University

Address:
Tower Road

City:
Ithaca

State:
New York

ZIP:
14850

Contact:
Paul

Tel:
(607) 255-2251

REMOVAL CONTRACTOR:

Environmental Remediation Services, Inc.

Address:
311 Rotterdam Ind Park

City:
Schenectady

State:
New York

ZIP:
12306

Contact:
Tim Niedzwiecki

Tel:
(518) 355-9617

Address:

OTHER OPERATOR:

Contact:

Tel:

III. TYPE OF OPERATION (D = Demolition / R = Renovation):

IV. IS ASBESTOS PRESENT? (Yes/No):

V. FACILITY DESCRIPTION (include building name, number and floor or room number):

Building Name:
Cornell University

Address:
College of Veterinary Medicine Crawlspace

Address:
Tower Road

City:
Ithaca

State:
New York

County:
Thompkins

Site Location:
Crawlspace

Building Size:

SqMeter:

SqFt:
100,000

Of Floors:
3

Age in Years:
1955

Present Use:
College

Prior Use:
College

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

PCM Air sampling analysis

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

	RACM to be Removed	Non-friable Asbestos Material Not to be removed Category I	Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet-	1,800.		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)

Start: 1/05/2015

Completion: 3/31/15

IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)

Start:

Completion:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:

ASBESTOS ABATEMENT

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Wet removal methods inside contained areas

XII. WASTE TRANSPORTER #1

Name:
Environmental Remediation Services, Inc.Address:
311 Rotterdam Industrial ParkCity:
SchenectadyState:
New YorkZIP:
12306Contact Person:
Tim NiedzwieckiTelephone:
518-355-9617

XIII. WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name:
High Acres landfillAddress:
425 Perinton Pkwy.City:
FairportState:
New YorkZIP:
14450Telephone:
585-223-6132

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Asbestos is being abated

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THIS PERSON HAS ACCOMPLISHED THE REQUIRED TRAINING WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

Signature of Owner/Operator

Date

12.19.14

Signature of Owner/Operator

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Date

12/19/14